

City of Lansing

Minority/Woman/Person with Disability Owned Firm Self-Certification Form

517.483.4124 (phone) 517.483.4524 (fax) Return to: City of Lansing
Purchasing Office
124 W Michigan Ave 8th Fl
Lansing, MI 48933

E-mail: purchasing@ci.lansing.mi.us Website: www.finance.cityoflansingmi.com/purchasing

Notes: Please complete this form only if your business is at least 51% owned, operated and controlled by a minority, woman or person with a disability and your business is not already certified by another agency.

If your firm is certified by another agency such as the MMBDC, MDOT, SBA or MWBA, please complete questions 1-4 below and attach a current copy of your certification certificate.

Return the requested information to the address above.

1.	Name of Firm:						
	Federal Employer ID Number:			(IRS 941 Form)			
2.	Mailing Address of Firm:						
	Street Address (if different from above)						
	City	State		Zip			
	Telephone Number ()		Fax (_)			
	Email Address						
	Website Address						
	Contact Person / Title:						
3.	This firm is seeking certification as a:						
	a)	Black /African Am	erican,	Latino / Hispanic American,			
		Asian Pacific Amer	rican,	Native American			
	Asian-Indian American						
	b) Woman Owned Rusiness	Person with Di	icahility (Owned Rusiness			

4.	Indicate services, commodities for which the firm would like to be recognized:								
5.	Identify ALL individuals who own or	share	ownershi _]	p of this fi	irm:				
	Name		Race	Gender	% Of Ow	nership	Yrs (Of Ownership	
	This firm is Sole Proprietorship Partnership Joint Venture Corporation Limited Liability Other (please specify): Identify all individuals (owners and non-owners) who are responsible for the firm's day-to-day management								
, .	including, but not limited to, those with primary responsibility for:								
			Name		Race/Gen	der	Title	Yrs. with Firm	
	Financial Decisions								
	Marketing & Sales								
	Hiring & Firing of Personnel								
	Purchasing Major Items & Supplies								
	Supervision of Field Operations								
	Signing of Legal Documents								
8.	References. List most significant clie	ents, pr	ojects or	jobs withi	n the past t	wo years.			
	Name of Company	Contact Name / Ti			tle		Telephone		

9. Submit Resumes of all owners who are responsible for the day-to-day management of the firm. Provide a copy of owners drivers license.

AFFIDAVIT

(Please complete this portion of the form in the presence of a notary)

In understanding of the illegal nature of receiving public or private funds or other property as a consequence of false representation as to the status of the firm, I/we do herein certify under penalties which may be imposed by the City of Lansing that this information may be used for the purpose of self-certifying the firm named in item one, page one as a Minority, Woman or Person with Disability owned Business. I/we agree to make available for inspection to the Purchasing Office any such information, which may be required to substantiate the degree of minority, female and/or disabled ownership and control of the firm. I/we also agree to arrange for on-site inspections of our firm's facilities in order to verify information provided in this document. I/we further agree that if, after completing this application, there are any significant changes in the information submitted, I/we shall notify the Purchasing Office of those changes as soon as possible.

Signature _____ Date ____

Title	N	Name of Firm				
Corporate Seal (wh	ere appropriate)					
	TO BE COMPLETI	ED BY NOTARY:				
State of		County of				
on this	day of	, 20 before me appeared				
(Name)		, to me personally				
known, who, being	duly sworn, properly did execute the	foregoing affidavit, and did state that he or				
she was properly au	uthorized by (Name of Firm)					
to execute the affid	avit and did so as his or her free act a	nd deed.				
	Notary Public _					
	Commission Ex	xpires				
	This affidavit a	leclares said firm to be minority, woman or				

of public record.

disabled owned business and said affidavit shall become a matter